

Conference on aging speaks for older consumers

Last November the 1971 White House Conference on Aging convened in Washington to recommend new national policies to achieve a better life for 20 million Americans aged 65 or over. Called by the President and attended by 3,400 delegates from Federal, state, local and private organizations, the week-long conference was organized into sections dealing with housing, transportation, income, employment, health, nutrition, the elderly consumer and other issues. Each section formulated recommendations for presentation to the conference at large on the last day of meetings.

Conference Chairman Arthur S. Flemming has released these recommendations to the public. They are organized by subject matter into 23 individual booklets that will be published later as part of a one-volume report on the conference.

Dr. Flemming expressed optimism that the recommendations would be translated into action by government and private organizations and that they would lead to a greatly increased public awareness of the aged.

These were some of the recommendations made by the delegates:

- A fixed proportion of all government funds spent on housing should be earmarked for the elderly, with a minimum production of 120,000 units a year; financial incentives should be available for families providing housing and related care in their own homes or in appropriate accommodations for older relatives (Section on Housing).
- Older Americans should have a minimum annual income based on an intermediate standard of living as determined by the Bureau of Labor Statistics—or roughly \$4,500 a year per elderly couple (Section on Income).
- Publicly funded programs for older Americans should be designed to include transportation as an integral part so that those who are to benefit from the programs will not be isolated from them by travel barriers (Section on Transportation).
- Chronological age should not be the sole criterion for retirement. A more flexible policy should be based on the worker's desires, needs and ability to perform his job (Section on Employment and Retirement).
- The equivalent of a national school lunch program should be established for older Americans, not limited to school facilities or to low-income persons; the elderly should be employed in the program wherever possible (Section on Nutrition).
- A more complete range of health-care services for the elderly should be provided by an expansion of Medicare and be financed by Social Security trust funds and a greatly increased use of general revenues (Section on Physical and Mental Health majority report).
- Government research should be carried out on the problems of the older consumer, his behavior in the marketplace and his special needs for education and protection so that effective programs can be developed to safeguard his interests (Special Concerns Section on the Elderly Consumer).
- The Secretary of Health, Education & Welfare should study the feasibility of health facilities, including hospitals and nursing homes, becoming public utilities (Special Concerns Session on Long-Term Care majority report).

It is expected that the booklets containing these recommendations will be available in May from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

If you want to comment on any of the recommendations, write to the White House Conference on Aging, Room 412, 425 13th Street, N.W., Washington, D.C. 20004.

HEW creates nursing home office

One of the greatest hardships an older American can be forced to endure is to live in a nursing home where standards of care are inadequate. As President Nixon said in a recent speech: "Unsanitary and unsafe, overcrowded and understaffed, the substandard nursing home can be a terribly depressing institution. To live one's later years in such a place is to live in an atmosphere of neglect and degradation."

As the result of a directive by the President, **Health, Education & Welfare Dept.** has established a new office to oversee all HEW programs relating to nursing homes. The **Office of Nursing Home Affairs** is responsible for coordinating efforts by different agencies in the department to upgrade standards nationwide for the benefit of the almost one million Americans living in nursing homes. Establishment of ONHA and the appointment of **Mrs. Marie Callender** to head it means that for the first time a single official is responsible for pulling together different HEW nursing home efforts into a single coordinated program.

Programs underway include **Health Service & Mental Health Administration's** expanded training of 2000 state nursing home inspectors by July 1973 and a short-term program for nursing home personnel scheduled to train 43,000 persons within the same period. **HSMHA** is also helping the states establish investigative-ombudsman units to respond to individual complaints and ensure that the interests of nursing home patients are properly considered.

By Federal law, any nursing home receiving Federal funds under the **Medicare** or **Medicaid*** programs must comply with Federal standards. **Social Security Administration** and **Medical Services Administration** are presently conducting programs to enforce these standards.

For more information on ONHA and on the various HEW nursing home initiatives, write to **Department of Health, Education & Welfare, Office of the Assistant Secretary for Health and Scientific Affairs, Washington, D.C. 20201.**

Judging for yourself

At present HEW has no plans to set up a public rating system of nursing homes, but if you want a good idea of what to look for in a particular home, you can benefit from the wide range of Federal regulations under **Medicare/Medicaid.*** These specify in part that each nursing home receiving Federal funds must:

- Maintain an organized nursing service, directed by a full-time professional registered nurse, with at least one licensed practical nurse on duty at all times and with sufficient attendants and nurses aides to ensure that each patient receives adequate care;
- Provide professional meal planning services for patients on medically prescribed diets;
- Keep a separate medical record for each patient with all entries kept current, dated, signed;
- Assure that each patient is under doctor's care, with visits at least once every 30 days;
- Assure that drugs and medications are properly administered and that prescription orders remain in effect no longer than 30 days without written permission of the doctor;
- Provide for adequate medical attention to patients during medical emergencies, including arrangements for transfer to an accredited hospital;
- Assure that state and local fire protection codes are observed, that fire extinguishers are on each floor and that doorways, passageways and stairwells are unobstructed;
- Maintain proper lighting levels and ventilation, heating and air-conditioning facilities, hot water supply and laundry services.

* Medicare is a Federal health insurance program, run by the Social Security Administration and financed in part by payroll contributions, that pays medical bills for persons 65 or over. Medicaid is a Federal-State assistance program, run by the Medical Services Administration and by the States and paid for by taxes, that covers medical bills for needy and low-income persons, including the aged, blind, disabled and families with dependent children. For more information on these two programs, write for free booklets *Medicaid, Medicare. Which is Which?* and *Questions and Answers on Medical Assistance—Medicaid*, available from Department of Health, Education & Welfare, Medical Services Administration, 4609 HEW-South 330 C Street, S.W., Washington, D.C. 20201.

For those with complaints . . .

Complaints about unsatisfactory conditions in nursing homes may be directed to any one of 855 district offices of the Social Security Administration. Health, Education & Welfare has arranged for these offices to receive and investigate complaints. If you want to make such a report by telephone, you can find your local Social Security office in the U.S. Government section of your phone book under Department of Health, Education & Welfare. Or you may make your report by letter or in person.

FDA seeks changes in cooking ranges

Food & Drug Administration's Bureau of Product Safety is seeking changes in gas and electric cooking ranges, which are responsible for an estimated 100,000 burn accidents annually, or about a fifth of all injuries from home appliances. The bureau, whose Injury Study Unit in Boston recently completed an investigation involving 20 burn victims, has asked representatives of Underwriters' Laboratories, Association of Home Appliance Manufacturers and Gas Appliance Manufacturers Association to consider three improvements in ranges to reduce burn accidents:

1. Relocation of control knobs to prevent them from being turned on accidentally;
2. Relocation of signal lights to provide a more effective warning that burners are on;
3. Method of ensuring that a person uses the proper size burner to eliminate the risk of the exposed part of the burner causing clothing (or potholder) to catch fire.

The agency is seeking voluntary improvements by manufacturers because Congress has passed no laws about safety of ranges.

Safety in Christmas decorations

Food & Drug Administration has urged manufacturers of Christmas decorations used in the home to correct potential fire and electric hazards before consumers start shopping for the 1972 Christmas season. The FDA Injury Study Team identified some hazards as easily broken glass ornaments, exposed lighting circuits, flammable decorations and flammable trees, both synthetic and real. Consumers' Insurance Information Bureau reported 50 fatalities from fires involving decorations during Christmas of 1970.

Representatives of FDA's Bureau of Product Safety and officials of Toy Manufacturers' Association have discussed identification of problem areas, need for safety standards, redesign of products and consumer-education programs.

The importance of Christmas decorations as a consumer concern is illustrated by the estimate that American consumers spend about \$1 billion annually for Christmas decorations.

New Federal publications

Federal Credit Unions (information on how to organize a Federally chartered credit union), published by National Credit Union Administration; English or Spanish edition free from National Credit Union Administration, Washington, D.C. 20456.

Land & Water Pollution From Recreational Use, published by National Industrial Pollution Control Council; available from Superintendent of Documents, Government Printing Office, Washington, D.C. 20402; 25¢.

Organization reduces book price

Neighborhood Consumer Information Center has reduced the price of its guide from \$100 to \$25 [see CONSUMER NEWS: Jan. 1, 1972]. *Neighborhood Consumer Information Center & Low-Income Consumer Protection* is a 300-page manual to guide organizations in assisting and protecting the low-income consumer. Contents include specific information about understanding contracts, insurance policies & operations of loan companies. The guide is available from NCIC, 3005 Georgia Ave., N.W., Washington, D.C. 20001.

Stranded at the airport? Here's your refund

If you travel by air, whether several times a month on business or only once a year on vacation, it's no fun to arrive at the airport and be told that your flight has been delayed because of bad weather or mechanical problems. Even more frustrating can be the experience of being excluded from a flight that is departing on schedule because the airline has sold more tickets than there are spaces available on the plane. However, if you are "bumped" because of an oversell, you do benefit from a remedy required by the Civil Aeronautics Board.

Under regulations issued in 1967, CAB requires airlines to compensate any passenger who has made a confirmed reservation but who cannot be accommodated on an oversold flight. "Denied boarding compensation," as it is called, is equal to the original ticket price (though not less than \$25 nor more than \$200) and is sort of a refund. The difference is that the passenger does not have to hand in his ticket in order to be paid. He can get his "denied boarding compensation" and still keep the ticket for a later flight, or, if he wishes, cash it in for an additional refund.

Nor does the traveler have to wait weeks or months for his penalty payment. Regulations require that he be compensated by check "on the day and place the denied boarding occurs" or that payment be mailed to his home address within 24 hours if he has to leave the airport by alternate transportation before a check can be prepared.

A passenger is not entitled to ticket compensation, however, if the airline can reroute him so that he arrives at his destination within 2 hours of the time originally scheduled (4 hours on international flights) or if he was "bumped" because of a governmental requisition of space on his flight or because of the substitution of a smaller plane for operational or safety reasons.

One problem under present regulations is that for purposes of denied boarding compensation a reservation can only be "confirmed" by notation on the ticket, not over the telephone or by other oral means. Therefore, a passenger excluded from his flight has no recourse if an airline chooses not to honor his orally confirmed reservation. CAB has proposed to solve this problem by making all oral confirmations binding or by prohibiting such confirmations from being made by airlines not willing to be bound by them. (For details see the accompanying issue of CONSUMER REGISTER.)

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